

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0598829

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

URB. BARALT SUITE 1
AVE. PRINCIPAL G-10
Fajardo, PR 00738-5000

Number, Street, City, State & ZIP Code

Fajardo

County

PO BOX 887
Fajardo, PR 00738

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.** Case number (if known) _____
 Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6110

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No.
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor

GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.

Case number (if known)

Name

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** *(Check all that apply.)*☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor

GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.

Case number (if known)

Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 20, 2017**

MM / DD / YYYY

X /s/ MIRIAM LACEN RIVAS

Signature of authorized representative of debtor

MIRIAM LACEN RIVAS

Printed name

Title **PRESIDENT**

18. Signature of attorney

X /s/ ADA M. CONDE

Signature of attorney for debtor

Date **February 20, 2017**

MM / DD / YYYY

ADA M. CONDE

Printed name

ESTUDIO LEGAL1611 CORP

Firm name

PO BOX 13268

San Juan, PR 00908-3268

Number, Street, City, State & ZIP Code

Contact phone **787-721-0401**

Email address **estudiolegal1611@gmail.com**

USDCPR206209

Bar number and State

Fill in this information to identify the case:

Debtor name **GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.**
 United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ABBOT PO BOX 71469 San Juan, PR 00936		SUPPLIES				\$496.88
AT&T MOBILITY PO BOX 64437 Saint Paul, MN 55164-0437		UTILITY CELLULAR				\$5,722.92
AXISCARE/EQUIPL US PO BOX 1366 Dorado, PR 00646		SUPPLIES				\$49,936.98
BANCO DE SANTANDER PO BOX 362589 San Juan, PR 00936-2589		WAS RENEWED 2010				\$56,967.38
BORSHOW PO BOX 366211 San Juan, PR 00936		SUPPLIES				\$14,000.00
DROGUERIA ANDA 2915 WESTON ROAD WESTON Fort Lauderdale, FL 33331		SUPPLIES				\$2,500.00
DROGUERIA CASTILLO PO BOX 191149 San Juan, PR 00919		SUPPLIES				\$2,360.69
DRUG UNLIMITED PO BOX 11797 San Juan, PR 00910		SUPPLIES				\$12,000.00
ELAVON SETTLEMENT/RECO VERY PO BOX 86SDS12-2291 Minneapolis, MN 55486-0086		BANK CHARGES				\$246.44

Debtor **GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
HOME DEPOT PO Box 182676 Columbus, OH 43218		SUPPLIES				\$9,402.89
OLVIDIO TORRENS PO BOX 221 Luquillo, PR 00773		LOAN				\$524,077.36
SCOTIABANK PO BOX 362589 San Juan, PR 00936		CREDIT LINE				\$56,953.99
UMECO 361 ANGEL BUONOMO TRES MONJITAS San Juan, PR 00918		SUPPLIES				\$800.00

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re **GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	15,000.00
Prior to the filing of this statement I have received	\$	5,000.00
Balance Due	\$	10,000.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 20, 2017

Date

/s/ ADA M. CONDE

ADA M. CONDE USDCPR206209

Signature of Attorney

ESTUDIO LEGAL1611 CORP

PO BOX 13268

San Juan, PR 00908-3268

787-721-0401 Fax: 787-721-3616

estudiolegal1611@gmail.com

Name of law firm

GENESIS MEDICAL EQUIPMENT AND DIAGNOSTICS LIMITED
PO BOX 887
FAJARDO, PR 00738

PO BOX 11797
SAN JUAN, PR 00910

ADA M. CONDE
ESTUDIO LEGAL1611 CORP
PO BOX 13268
SAN JUAN, PR 00908-3268

ELAVON SETTLEMENT/RECOVERY
PO BOX 86SDS12-2291
MINNEAPOLIS, MN 55486-0086

ABBOT
PO BOX 71469
SAN JUAN, PR 00936

HOME DEPOT
PO BOX 182676
COLUMBUS, OH 43218

AT&T MOBILITY
PO BOX 64437
SAINT PAUL, MN 55164-0437

LCDO. JOSE . GARCIA SOTO
PO BOX 191611
SAN JUAN, PR 00919-1611

AXISCARE/EQUIPLUS
PO BOX 1366
DORADO, PR 00646

OLVIDIO TORRENS
PO BOX 221
LUQUILLO, PR 00773

BANCO DE SANTANDER
PO BOX 362589
SAN JUAN, PR 00936-2589

SCOTIABANK
PO BOX 362589
SAN JUAN, PR 00936

BORSHOW
PO BOX 366211
SAN JUAN, PR 00936

UMECO
361 ANGEL BUONOMO
TRES MONJITAS
SAN JUAN, PR 00918

DROGUERIA ANDA
2915 WESTON ROAD WESTON
FORT LAUDERDALE, FL 33331

DROGUERIA CASTILLO
PO BOX 191149
SAN JUAN, PR 00919

**United States Bankruptcy Court
District of Puerto Rico**

In re **GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

February 20, 2017

Date

/s/ ADA M. CONDE

ADA M. CONDE USDCPR206209

Signature of Attorney or Litigant

Counsel for **GENESIS MEDICAL EQUIPMENT AND PHARMACY INC.**

ESTUDIO LEGAL1611 CORP

PO BOX 13268

San Juan, PR 00908-3268

787-721-0401 Fax:787-721-3616

estudiolegal1611@gmail.com